

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

TYPE OF APPLICATION/PERMIT (See Instructions)				ACCOUNTING CODE: 574832 / 502702 / 02202	
<input checked="" type="checkbox"/> Project Permit	<input type="checkbox"/> Project Permit Revision	<input type="checkbox"/> Courtesy Notification (NESHAP)	<input type="checkbox"/> Annual Permit		
<input type="checkbox"/> NESHAP Notification	<input type="checkbox"/> NESHAP Notification Revision	<input type="checkbox"/> Annual Permit Amendment	<input type="checkbox"/> Annual Permit w/Contractor		
TYPE OF NOTIFICATION					
<input checked="" type="checkbox"/> Renovation (R)	<input type="checkbox"/> NESHAP Demo/Reno	<input type="checkbox"/> Ordered Demolition (O)	<input checked="" type="checkbox"/> Transport (T)		
<input type="checkbox"/> Demolition (M)	<input type="checkbox"/> Courtesy (C)	<input type="checkbox"/> Emergency Renovation (E)	<input checked="" type="checkbox"/> Disposal (D)		
<input type="checkbox"/> Annual	(For Annual Permit Holders) Annual Permit MTF				

ASBESTOS PROJECT CONTRACTOR (Operator)					
THE BEST ASBESTOS REMOVAL COMPANY					
<i>Asbestos Project Contractor, Individual or Company Name</i>					
2975 BISHOP CT		HELENA	L&C	MT	59602-8858
<i>Mailing Address</i>		<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
406-439-1323		406-227-6980	D. EASON JR		
<i>Telephone Number</i>		<i>Fax Number</i>	<i>Contractor Contact Person (First and Last Name)</i>		
SCOTT FITZPATRICK		MTA-0901		1/12/2010	
<i>On-Site Project Contractor/Supervisor</i>		<i>Contractor/Supervisor Accreditation Number</i>		<i>Expiration Date</i>	

DEMOLITION/RENOVATION CONTRACTOR (Operator)					
<i>Demolition/Renovation Contractor, Individual or Company Name</i>					
<i>Mailing Address</i>					
		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
<i>Telephone Number</i>		<i>Fax Number</i>		<i>Contractor Contact Person (First and Last Name)</i>	

SITE INFORMATION							
EASON'S PIANO & PIPE							
<i>Building Name / Site</i>							
2975 BISHOP CT		HELENA	MT	59602-8858	L&C		
<i>Location Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>		
N/A		D. EASON JR					
<i>Site Telephone Number</i>		<i>Location Contact Person (First and Last Name)</i>					
1600	1	37	46.63355	-111.93706	10N	3W	11
<i>Building Size (sq. ft.)</i>	<i>Number of Floors</i>	<i>Age of Site in Years</i>	<i>Latitude</i>	<i>Longitude</i>	<i>Township</i>	<i>Range</i>	<i>Section</i>

SITE/BUILDING OWNER					
DELTON EASON JR					
<i>Owner Name</i>					
2975 BISHOP CT		HELENA	MT	59602-8858	L&C
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
406-439-1323		SCOTT FITZPATRICK			
<i>Telephone Number</i>		<i>Contractor Contact Person for Owner (First and Last Name)</i>			

LOCATION PRESENT USE*											
* <u>C</u> ommercial ~ <u>H</u> ospital ~ <u>I</u> ndustrial ~ <u>M</u> iscellaneous ~ <u>O</u> ffice ~ <u>P</u> ublic Building <u>R</u> esidence ~ <u>S</u> chool ~ <u>S</u> hip/Boat ~ <u>U</u> niversity/College ~ <u>V</u> acant											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input checked="" type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	
LOCATION PRIOR USE*											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input checked="" type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION		
Is Asbestos Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Inspection: 12/15/2008
DELTON EASON JR	MTA-3248	2/21/2009
<i>Printed Name of Inspector Who Performed Inspection</i>	<i>Accreditation Number</i>	<i>Expiration Date</i>

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL									
Amount & Measurement		Type of RACM to be Abated (See Instructions)			Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be abated		
	Amount	Measurement			Type	CAT I	CAT II	CAT I	CAT II
Material No. 1	200	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	FT				
Material No. 2	120	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	V				
Material No. 3	50	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF		L			
Material No. 4	400	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF				TB	
Material No. 5	58	<input type="checkbox"/> SF	<input checked="" type="checkbox"/> LF	<input type="checkbox"/> CF	PI				
Material No. 6	30	<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input checked="" type="checkbox"/> CF	CS				
Material No. 7	9	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF			CONCRETE		
Material No. 8	1200	<input checked="" type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF				AS	
Material No. 9		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 10		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					

SCHEDULED DATES FOR ASBESTOS ABATEMENT		SCHEDULED DATES FOR DEMOLITION/RENOVATION	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)	Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)
4/15/2009	4/22/2009		

PROJECT DESIGN INFORMATION	
RYAN MCGEE	MTA-1705/ 01/10/2010
<small>Print First and Last Name of Project Designer (PD)</small>	<small>(Accreditation Number/Exp. Date)</small>

RACM WASTE TRANSPORTER	
<input type="checkbox"/> Check if same as Abatement Contractor	
ASBESTOS ABATEMENT LLC	
<small>Contractor, Individual or Company Name</small>	
5565 TREASURE CANYON DR	HELENA MT 59602 L&C
<small>Mailing Address</small>	<small>City State Zip County</small>
406-442-6488	SCOTT FITZPATRICK
<small>Telephone Number</small>	<small>Contractor Contact Person (First and Last Name)</small>

RACM WASTE DISPOSAL SITE	
<input type="checkbox"/> Allied Waste Systems of Montana Missoula Landfill <input type="checkbox"/> Butte Silver Bow Government Landfill <input type="checkbox"/> City of Billings Solid Waste Division Landfill <input type="checkbox"/> City of Hardin Class II Landfill <input type="checkbox"/> City of Malta Landfill <input type="checkbox"/> City of Shelby Landfill <input type="checkbox"/> Coral Creek Landfill <input type="checkbox"/> Daniels County Commissions Scobey Landfill <input type="checkbox"/> Flathead County Solid Waste District Kalispell Landfill <input type="checkbox"/> High Plains Sanitary Landfill Site 1 - Great Falls/Floweree	<input type="checkbox"/> Libby Class II Landfill <input type="checkbox"/> Miles City Area Solid Waste Dist Landfill <input type="checkbox"/> Northern MT Joint Refuse Disposal Dist Conrad Landfill <input type="checkbox"/> Park County Refuse Disposal Dist Livingston Landfill <input type="checkbox"/> Richland County Solid Waste Dist Sidney Landfill <input type="checkbox"/> Sheridan County Solid Waste Dist Plentywood Landfill <input type="checkbox"/> Valley County Refuse Dist 1 Glasgow Landfill <input checked="" type="checkbox"/> Valleyview Class II CCSS Helena Landfill <input type="checkbox"/> Other:

THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS	
I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. <u>This Notice</u> to the Department at least 10 working days prior to the start of work.	
DELTON EASON JR.	3/2/2009
<small>Printed name / Signature</small>	<small>Date</small>

THIS SECTION APPLIES TO ASBESTOS PROJECTS	
I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.	
DELTON EASON JR.	3/2/2009
<small>Printed name / Signature</small>	<small>Date</small>

FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355	
<input checked="" type="checkbox"/> A1. Project design with sketch.	-- OR --
<input type="checkbox"/> A2. See Contractor Standard Operating Procedure dated _____. Project specific sketch, workers, and variance request attached.	
<input checked="" type="checkbox"/> B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.	
<input checked="" type="checkbox"/> C. Copy of the contract showing the contract dollar amount for asbestos abatement.	
<input checked="" type="checkbox"/> D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.	

\$4350	x 10% =	\$435.00	4321	
Actual Contract Volume		Fee Amount Enclosed	Check No.	DEPOSIT LOG NO.

Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901	
Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.	

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION	
Date of Emergency	
<small>(Start Date)</small>	<small>(Complete Date)</small>
Description of the sudden, unexpected event.	

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER
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